



ProviderNews

Timely News & Information Of Interest To Healthcare Providers

Pay for Performance Coming Soon

PEIA will be paying providers based on their performance in a program that will begin rolling out in July. Beginning July 1, 2006, PEIA will implement "Pay for Performance" for West Virginia acute care hospitals.

PEIA will use Medicare hospital measures in setting its criteria for this program. Program criteria will be communicated to hospitals in the spring. Hospitals that meet or exceed PEIA's established criteria will receive an increase in their DRG payments.

The program will be rolled out to other providers in the future as criteria are established and the program develops. We will keep you posted on our progress with periodic updates on our website at www.wvpeia.com.

January 2006

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Provider News
online anytime
www.wvpeia.com

Fee Schedules to be Updated January 1

Effective January 1, 2006, PEIA will update the following fee schedules:

- **RBRVS** - will update to Medicare's January 2006 RVUs with WV factors for malpractice, work, and practice values. The malpractice values will again be increased by 2.7 times Medicare values. This update will be budget neutral and will be available on PEIA's web site.
- **Outpatient Prospective Payment System (OPPS)** will be updated effective January 1, 2006. Hospitals will be notified of their new conversion factor by mail.
- **Drugs & Biologicals** - PEIA will implement Medicare's fee allowances that are in effect as of January 1, 2006. Fees are available on PEIA's web site.
- **Home Infusion Services** - a fee schedule and policy have been developed for home infusion services. It is available on PEIA's web site.

If you do not have web access, copies of these fee schedules can be made available to you on CD. Please call us at 1-888-680-7342 to request a CD.

Preferred Drug List Changes January 1

Drugs Moving to Non-Preferred Status	Preferred Alternatives
Avita gel	Differin
Avalide, Avapro	Benicar/HCT
Augmentin XR	Omnicef
Zithromax	Generics
Didronel	Flomax, Proscar
Caduet, Norvasc	Sular
Yasmin	Ortho-Evra, Ortho Tri-Cyclin Lo
Viagra	Levitra
Climara	Alora, generics
Lofibra	Tricor
Lipitor	Zocor, generic
Insulin cartridges, pens and syringes from Eli Lilly and Novo Nordisk. (Only vials from both manufacturers will remain on formulary)	Insulin syringes
MS Contin, Oxycontin	Generics
Sporanox	Generics
Ciloxan ointment	Zymar
Tobradex	Zylet
Travatan	Lumigan
Cosopt	Alphagan P
Detrol/LA	Ditropan XL
Tequin	Avelox, generics
Proventil HFA	Ventolin HFA
Paxil CR/suspension	Generics, Lexapro
Elidel	Generics
Testim	Androgel, Androderm

PEIA will make some changes to the Preferred Drug List (PDL), effective January 1, 2006. The chart above shows the drugs that will be changing. If your PEIA patients are currently taking one of these drugs, you may want to consider moving them to one of the alternative medications.

The difference between a preferred and a non-preferred drug is

in the copayment. In PEIA PPB Plan A, the preferred drug copay is \$15 for a 34-day supply; the non-preferred copay is \$30. In PEIA PPB Plan B preferred drug copay is \$20 for a 34-day supply; the non-preferred copay is \$50. Generic drugs are \$5 for a 34-day supply.

For a more complete look at the PDL, check PEIA's website at www.wvpeia.com.

Face to Face Program Wins NCQA Award

PEIA has won an award from the National Committee for Quality Assurance (NCQA) for its Face to Face Diabetes Management Program. The program was selected for NCQA's Quality Profiles Leadership Series, which surveys more than 1,000 health plans for innovative health care ideas. The Quality Profiles program is co-sponsored by Pfizer.

The Face to Face Diabetes Management Program helps diabetics stay healthy through better management of their disease and focuses



on one-on-one counseling sessions with community-based pharmacists.

NCQA included a \$2,500 grant to cover the cost of an awards reception. However, in light of the tragedy brought by Hurricane Katrina, PEIA chose to forego the reception and donated the \$2,500 to the hurricane victim relief fund.

For more about the Face to Face Diabetes Management Program, visit www.peiaf2f.com or call 1-888-680-7342.

Several Drugs Added to Step Therapy Program

Beginning January 1, 2006, PEIA will add more drugs to its Step Therapy program. The drugs to be added to the program are:

- Advicor, Altoprev, Caduet, Crestor, Lescol, Lipitor, Pravachol, Vytorin
- Zetia
- Symbyax
- Covera HS, Verelan PM, Norvasc, Cardene SR, Sular, DynaCirc CR
- Cymbalta
- Effexor, XR

Step Therapy is a program for people who take prescription drugs regularly for ongoing conditions like high cholesterol, depression or high blood pressure. It provides safe, effective treatment while keeping costs as low as possible. The program requires members to take one or two first step drugs before second step medications are covered.

If any of your patients are currently taking any of the above medications, they may continue to do so uninterrupted. Step Therapy will apply to members being prescribed one of these medications for the

first time (or being put back on one of these drugs after an interruption) on or after January 1, 2006.

If you prescribe one of the drugs requiring Step Therapy listed here and on pages 69-70 of the PEIA 2006 Summary Plan Description, the patient or the pharmacist will contact your office to see if the patient can be moved to a first-step drug. If the patient has already tried the first-step drugs, or you decide the patient needs the second-step drug for medical reasons, then you can call the Rational Drug Therapy Program (RDTP) to request a "prior authorization" for the second-step drug.

An RDTP representative will review the patient's specific needs with your office to see if a second-step drug can be approved for coverage. If it is approved, the patient will pay the preferred or non-preferred brand drug co-payment. If it does not meet the criteria for approval, the patient may pay the full price for the drug. Only you can approve and change your patient's prescription to a first step drug.

The program moves along a well-planned path, with the physician approving medications each step of the way.

- ***Generic and affordable brand-name drugs are usually the first step.*** Tested and approved by the U.S. Food & Drug Administration (FDA), the generics provided by this plan are effective for treating many medical conditions. This first step lets the patient begin or continue treatment with prescription drugs that have a lower co-payment.
- ***Brand-name drugs are usually in the second step.*** If the condition requires different medications, then the program moves along to this next step. The drugs listed above are moving to the second step effective January 1, 2006.



With Step Therapy, you can maintain your patient's health with affordable prescription drugs that are covered by this plan. If you have questions, please call Express Scripts Call Center toll-free at 1-877-256-4680.

Pill Splitting Program Begins

PEIA implemented a *voluntary* pill-splitting program for three medications, effective December 1, 2005. PEIA's pilot program was developed in response to member requests.

Through pill-splitting, the member's monthly copayment will be reduced by half.

The three (3) medications included in this pilot program are:

- Lexapro 5mg and 10mg,
- Toprol XL 25mg, 50mg and 100mg, and

- Zoloft 25mg and 50mg

Members choosing to take advantage of this program will contact your office for a new prescription for twice the strength (mg or milligrams) of the medication. Then the member will cut each pill in half in order to take the same strength currently prescribed.

Pill splitters are inexpensive, and are available at the pharmacy. Pill splitting works because different strengths of the same medication cost approximately the same amount of money.

All strengths of all three of these medications are available on the Maintenance Drug List, so they can be purchased in up to ninety-day supplies.

For members who prefer not to try pill-splitting at this time, all strengths of all three medications are still available at the current copayment. This pill-splitting program is *strictly voluntary*.

If you have questions about this program, please call PEIA's Customer Service Unit toll-free at 1-888-680-7342.

Medicare Part D and PEIA

The introduction of Medicare Part D has caused much confusion among Medicare-eligible patients. PEIA has heard that many Medicare patients are seeking advice from their physicians and pharmacists regarding their plan choices, so here is PEIA's advice to PEIA-insured Medicare members.

PEIA will continue to provide prescription drug coverage to our Medicare members, at least through June 30, 2007. Because PEIA will continue to provide prescription coverage during this period, **the Medicare Part D benefit**

will be of little or no use to Medicare members who have PEIA as their secondary coverage.

PEIA mailed information to all PEIA members about Medicare Part D, explaining that we recommend that they **NOT** buy a Medicare Part D plan. PEIA has determined that its prescription drug coverage **is "creditable coverage," as defined by Medicare.**

Medicare's rules say that if an eligible Medicare member does not enroll in Medicare prescription drug coverage now, he or she might have to pay a premium penalty later,

unless they have had creditable coverage in the meantime. Because PEIA provides CREDITABLE COVERAGE, members can keep PEIA coverage and not pay a premium penalty if they later decide to enroll in Medicare coverage.

If your PEIA-insured patients ask your advice about choosing a Medicare Part D Plan, please assure them they do not need such a plan, or refer them to PEIA for further clarification.

If you have questions about this, contact PEIA's customer service unit at 1-888-680-7342.

BULLETIN BOARD

Remicade News

Effective immediately, Remicade is the preferred infusible for PEIA PPB Plan members with inflammatory disorders involving the immune system. Physicians who treat patients with these disorders are encouraged to try Remicade as the first-line infusible for these patients.

Clinic Billing Update

If a clinic visit is billed under Revenue Code 510 with an office visit or consultation CPT code, the professional service claim (office visit or consult) must be billed with a facility place of service code, usually 22. For more information, call Acordia National at 1-888-440-7342.

Need to File an Appeal?

If you think that an error has been made in processing or reviewing a service, first call Acordia National. The second step is to appeal *in writing* within 60 days of the denial or decision to Acordia National. If this does not resolve the issue, the third step is to appeal in writing to the Director of PEIA. This review must be requested within 60 days of receiving the decision from Acordia National. For further details, see the Winter 2005 issue of the Provider News at www.wvpeia.com.

Billing for Auto Accident Claims

When you treat a PEIA patient with injuries from an automobile accident, PEIA strongly encourages you to bill us first, rather than the auto insurance. PEIA will pay the claims, and then seek reimbursement from the auto insurance company through subrogation.

Many providers bill the patient's auto insurance first, but those payments may be held up if litigation is involved. Since PEIA strongly enforces its six-month timely filing provision, we urge you to bill us first to avoid the denial of claims due to timely filing issues.

Timely Filing

All West Virginia providers have six months from the date of service to file medical claims if PEIA is the primary insurance. If another insurer has been billed first, the six month timely filing period for PEIA will begin on the date of the EOB from the other insurer, so be sure to submit the claim to Acordia National within six months from the date of the other insurer's EOB.

DEXA Scan News

Although DEXA scans do not require precertification, we recommend that providers use the preauthorization process, since each procedure will be evaluated for medical necessity. It is much easier for all concerned to do this prior to the occurrence than after the test has been completed.

Colonoscopy Clarification

Screening colonoscopies still will be paid at 100% if the provider finds a medical problem and corrects it at the time of the screening as long as a V code appears in the diagnosis section of the invoice. The screening allowance will be paid at 100%, and the difference for the biopsy/polyp is paid at 80/20 and the patient is responsible for the deductible and 20% of the biopsy/polyp removal allowance.

Medical Home for PEIA PPB Members

PEIA is considering having members of the PEIA PPB Plans name a primary care physician (PCP) as their "medical home" during the Spring 2006 Open Enrollment. By naming a PCP, the PPB Plan member could receive a reduced copay for office visits to that PCP. Check our website at www.wvpeia.com for updates.

New Preferred Drug List for WVCHIP

The West Virginia Children's Health Insurance Program (WVCHIP) is changing to a new Preferred Drug List (PDL), effective January 1, 2006. Due to rising costs, a new drug list was created by focusing more on generic use.

This change is estimated to bring total savings of more than \$1 million to the program. Unlike the current PDL, non-preferred drugs will no longer be covered. After January 1, 2006, if a provider chooses to prescribe a drug not listed on the PDL it will be at 100% of the retail cost to the patient.

Co-payments for drugs on the new PDL will remain the same. A copy of the PDL can be found at www.wvchip.org/provider.shtml. This list is not all-inclusive. For questions about specific drugs, please see the Express Scripts, Inc.

(ESI) provider page at www.express-scripts.com or call 1-800-824-0898.

Over-the-counter Non-Sedating Antihistamines (Claritin) and Proton Pump Inhibitors (Prilosec OTC) and its generics will be part of the new drug formulary. Both Claritin and Prilosec OTC require a prescription for coverage. The patient must take the prescription to their local pharmacist and the pharmacist will take care of payment processing.

Other changes to the WVCHIP PDL are Step Therapy programs for the following medications: Antivirals, Topical Immunomodulators, Symbyax and Topical Cortico-steroids. Generic therapeutic equivalents must be used before a more expensive brand name drug is authorized.



Please note any WVCHIP patient currently taking drugs in one of the following classes: Antipsychotics, Antimanics, SSRIs, CNS Stimulants, Anticonvulsants, Sedative Hypnotics, Aliphatic Phenothiazines, Strattera or other drugs to treat Attention Deficit Disorder, for mental health conditions **will not** be affected by this change.

If you have questions or comments about these changes, please send them to: Executive Director, WV Children's Health Insurance Agency, 1018 Kanawha Blvd. E, Ste 209, Charleston, WV 25301, or e-mail your comments to Brenda Jones at bkjones@wvchip.org.

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